

Texas A&M University-Kingsville

Veterans Affairs Office

100 University Way

Kingsville, TX 78363

Phone: (361) 593-4421

Fax: (361) 593-2432

Advisor Certification for Parent Letter

Name: _____

Student Email: _____@_____

(This is where the parent letter will be delivered upon completion)

Telephone: (____) _____ - _____ CELL: (____) _____ - _____

Student: K# _____ Semester Requested: Fall - Spring - Summer Year 20____

(Circle one)

VA Chapter: [] 33 (Post 9/11) [] 30 (MGIB) [] 1606 (Reserve) [] 1607 (REAP) [] 35 (Dependent) [] 33 (Dependent)

Degree Pursuing at TAMUK: _____(SOCI, CRIM, ENGL, etc.)

Institution Requested For: _____

Courses Requested

Course Number

Course Title

_____	_____
_____	_____
_____	_____
_____	_____

I am aware that I must attach a copy of my student detailed schedule for the institution listed above for Advisor Certification to be completed. I further understand that I must submit an **Official Transcript** to TAMUK Admissions upon completion of my course(s). **I am responsible for submitting the parent letter to the institution, listed above, upon receipt.**

Student Signature

Date

I certify that the above listed course(s) are required or authorized on the students' current TAMUK degree plan.

Academic Advisor Signature

Date